

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

KeyCorp Advocates Fund

ADDRESS (number and street)

127 Public Square

OH-01-27-1816

☐Check if different  
than previously  
reported. (ACC)

Cleveland

OH

44114

1306

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00073155

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2011

through

05

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anne M. Feleppelle

Signature of Treasurer

Electronically Filed by Anne M. Feleppelle

Date

06

14

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
KeyCorp Advocates Fund

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	33912.37
(b) Cash on Hand at Beginning of Reporting Period .....	50534.47	
(c) Total Receipts (from Line 19) .....	13059.15	73372.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	63593.62	107284.62
7. Total Disbursements (from Line 31) .....	18270.00	61961.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45323.62	45323.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
KeyCorp Advocates Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
0 5 0 1 2 0 1 1

To:

M M D D Y Y W Y  
0 5 3 1 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1894.54	5069.17
(ii) Unitemized .....	11164.61	68303.08
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13059.15	73372.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13059.15	73372.25
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13059.15	73372.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13059.15	73372.25

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	20.00	61.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	20.00	61.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	6000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8725.00	24725.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	9525.00	31175.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18270.00	61961.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18270.00	61961.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13059.15	73372.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13059.15	73372.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20.00	61.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20.00	61.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

JOHN BRYAN JENSEN

Mailing Address 6917 CHAFFEE CT

City

BRECKSVILLE

State

OH

Zip Code

44141-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

ANALYTICS & REPORT MGR., COLL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR12866784883

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

HUGH JAMES DONLON

Mailing Address 55 MEEKER RD

City

BASKING RIDGE

State

NJ

Zip Code

07920-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

REGIONAL PRESIDENT, KCB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR31131854883

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM CHARLES KUGLER

Mailing Address 110 EDGEWOOD CT

City

CHAGRIN FALLS

State

OH

Zip Code

44022-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

CHIEF MARKET RISK OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.56

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR39386984883

Amount of Each Receipt this Period

51.92

P/R Deduction (\$25.96 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

191.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

ANNETTE M HAZAPIS

Mailing Address 29674 DEVONSHIRE OVAL

City

WESTLAKE

State

OH

Zip Code

44145-3893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIR., PRODUCT MGMT GTM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5404594883

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CONSTANCE F PAGE

Mailing Address 2811 CHATEAU CIRCLE

City

COLUMBUS

State

OH

Zip Code

43221-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

RELATIONSHIP MGR III, KPB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5404664883

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LINDA A GRANDSTAFF

Mailing Address 17301 RIVERWAY DRIVE

City

LAKEWOOD

State

OH

Zip Code

44107-5315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

CHIEF OPERATIONAL RISK OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.40

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5405064883

Amount of Each Receipt this Period

94.80

P/R Deduction (\$47.40 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

173.28

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**Full Name (Last, First, Middle Initial)  
THOMAS M SPILMAN

Mailing Address 5610 23RD AVE NE

City	State	Zip Code
TACOMA	WA	98422-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
IONOccupation  
DISTRICT PRESIDENT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR5406794883

Amount of Each Receipt this Period

36.92

P/R Deduction (\$18.46 Bi-  
Weekly)**B.**Full Name (Last, First, Middle Initial)  
BRUCE D MURPHY

Mailing Address 18935 BALLYMORE CIRCLE

City	State	Zip Code
STRONGSVILLE	OH	44149-0922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
IONOccupation  
COMMUNITY DEVELOPMENT BKG EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR5408024883

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)**C.**Full Name (Last, First, Middle Initial)  
JAMES A HOFFMAN

Mailing Address 2660 WESTCHESTER ROAD

City	State	Zip Code
OTTAWA HILLS	OH	43615-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
IONOccupation  
DISTRICT PRESIDENT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR5409764883

Amount of Each Receipt this Period

53.08

P/R Deduction (\$26.54 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL P BARNUM

Mailing Address 363 WALMAR DRIVE

City

BAY VILLAGE

State

OH

Zip Code

44140-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

GROUP HEAD I, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5410684883

Amount of Each Receipt this Period

58.26

P/R Deduction (\$29.13 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KAREN BLUE

Mailing Address 1800 HALLS CARRIAGE PATH

City

WESTLAKE

State

OH

Zip Code

44145-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIR HR RELATIONSHIP MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5414384883

Amount of Each Receipt this Period

46.16

P/R Deduction (\$23.08 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KARL G GRUNAWALT

Mailing Address 14730 RINDLEWOOD LANE

City

NOVELTY

State

OH

Zip Code

44072-9590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIRECTOR, CORP BANK CREDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5415114883

Amount of Each Receipt this Period

45.58

P/R Deduction (\$22.79 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

JOHN M RYAN

Mailing Address 8410 BAINBROOK DRIVE

City

CHAGRIN FALLS

State

OH

Zip Code

44023-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

MANAGING DIR, CHIEF INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.94

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5415214883

Amount of Each Receipt this Period

59.08

P/R Deduction (\$29.54 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DONALD F STAWOWY

Mailing Address 20681 DONEGAL LN

City

STRONGSVILLE

State

OH

Zip Code

44149-0982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

FINANCE DIRECTOR 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.53

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5415534883

Amount of Each Receipt this Period

36.46

P/R Deduction (\$18.23 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHELE A SEYRANIAN

Mailing Address 24545 SHAKER BLVD.

City

BEACHWOOD

State

OH

Zip Code

44122-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

GROUP EXECUTIVE - E/C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.13

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5420884883

Amount of Each Receipt this Period

37.66

P/R Deduction (\$18.83 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

133.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS TULODZIESKI

Mailing Address 2865 CARRINGTON ST. N.W.

City State Zip Code  
NORTH CANTON OH 44720-8176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation  
REGIONAL PRESIDENT, KCB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5425474883

Amount of Each Receipt this Period

39.00

P/R Deduction (\$19.50 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CATHY L ROWLEY

Mailing Address 434 FOXBOROUGH DR

City State Zip Code  
BRUNSWICK OH 44212-4340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation  
SR MGR HR RELATIONSHIP MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.97

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5425664883

Amount of Each Receipt this Period

36.54

P/R Deduction (\$18.27 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL S GORDON

Mailing Address 3 GRAYSTONE ROAD

City State Zip Code  
CAPE ELIZABETH ME 04107-1642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation  
SALES MGR, GLOBAL TREASURY MGM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5429304883

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

115.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL V LUGLI

Mailing Address 638 TREESIDE LANE

City

AVON LAKE

State

OH

Zip Code

44012-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

LOAN WORKOUT SR MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5437384883

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DENISE MARCHESE

Mailing Address 5319 MAPLEWOOD CIRCLE

City

SHEFFIELD VILLAGE

State

OH

Zip Code

44054-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIRECTOR IV, FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5468204883

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN R SINNENBERG

Mailing Address 23276 LAURELDALE ROAD

City

SHAKER HEIGHTS

State

OH

Zip Code

44122-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEY PRINCIPAL PARTNERS CO-  
RP

Occupation

CHAIRMAN, KEY PRINCIPAL PRTRNR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5480594883

Amount of Each Receipt this Period

140.00

P/R Deduction (\$70.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

KEVIN P VON BUSCH

Mailing Address 22 ASTOR PLACE

City

ROCKY RIVER

State

OH

Zip Code

44116-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIR. LENDING, KPB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: PR5573834883

Amount of Each Receipt this Period

39.46

P/R Deduction (\$18.69 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER A OHMACHT

Mailing Address 711 SMOKE HOLLOW TRAIL

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VICTORY CAPITAL MANAGEMENT  
INC

Occupation

CO-CHIEF EXEC OFFICER, VCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: PR5637094883

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

WILLIAM R KOEHLER

Mailing Address 525 BLOOMFIELD COURT

City

BIRMINGHAM

State

MI

Zip Code

48009-3876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

PRESIDENT KEY COMMUNITY BANK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: PR5681664883

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

129.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)

DAVID A RENTA

Mailing Address 1712 WRIGHT AVE

City

ROCKY RIVER

State

OH

Zip Code

44116-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

SALES REP SR, FX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5693194883

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

B.

Full Name (Last, First, Middle Initial)

MARGOT J COPELAND

Mailing Address 13900 SHAKER BOULEVARD  
SUITE 1216

City

CLEVELAND

State

OH

Zip Code

44120-1575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIRECTOR, CORP CONTR &amp; DIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.09

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5724834883

Amount of Each Receipt this Period

40.38

P/R Deduction (\$20.19 Bi-  
Weekly)

C.

Full Name (Last, First, Middle Initial)

BRIAN K RICE

Mailing Address 7770 SW FAIRMOOR ST

City

PORTLAND

State

OR

Zip Code

97225-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DISTRICT PRESIDENT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5768664883

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

130.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

CLARK JONATHAN WULF

Mailing Address 1949 BORDEAUX WAY

City

WESTLAKE

State

OH

Zip Code

44145-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

CORPORATE TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5801284883

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARC A VOSEN

Mailing Address 32477 SPRINGSIDE LANE

City

SOLOM

State

OH

Zip Code

44139-2058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEY INVESTMENT SERVICES,  
LLC

Occupation

PRESIDENT, KIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5831234883

Amount of Each Receipt this Period

46.16

P/R Deduction (\$23.08 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY JEROME WEAVER

Mailing Address 19101 SOUTH PARK BLVD

City

SHAKER HEIGHTS

State

OH

Zip Code

44122-1854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

GROUP HEAD, CREDIT PORTFOLIO M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5864264883

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

163.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

DEAN ILIJASIC

Mailing Address 1852 COLTMAN RD.

City

CLEVELAND

State

OH

Zip Code

44106-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIR, SEG STRATEGY/CLNT INSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.62

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5870524883

Amount of Each Receipt this Period

78.84

P/R Deduction (\$39.42 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

EDWARD B. REILLY

Mailing Address 1031 PAXON DR.

City

BELLBROOK

State

OH

Zip Code

45305-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DISTRICT PRESIDENT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.56

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR5894704883

Amount of Each Receipt this Period

51.92

P/R Deduction (\$25.96 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DEAN ANDREW KONTUL

Mailing Address 37390 BROADSTONE DR

City

OLON

State

OH

Zip Code

44139-5692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYBANK NATIONAL ASSOCIAT-  
ION

Occupation

DIRECTOR VIRTUAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR9056884883

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

207.68

**TOTAL** This Period (last page this line number only) .....

1894.54



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Bill Beagle</p> <hr/> <p>Mailing Address Rick Mains, Jr., Treasurer 115 S. Tippecanoe Drive</p> <hr/> <p>City Tipp City State OH Zip Code 45371</p> <hr/> <p>Purpose of Disbursement Bill Beagle, STATE SENATE 5th OH</p> <hr/> <p>Candidate Name OH Sen. Bill Beagle</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <hr/> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 10020619</p> <p><b>Date of Disbursement</b>  <div> <div>05</div> <div>16</div> <div>2011</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>500.00</div> </p> <hr/> <p>Bill Beagle, STATE SENATE 5th OH</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Committee to Elect Hite</p> <hr/> <p>Mailing Address Char Johannigman, Treasurer 2417 Westmoor Road</p> <hr/> <p>City Findlay State OH Zip Code 45840</p> <hr/> <p>Purpose of Disbursement Cliff Hite, STATE SENATE 1st OH</p> <hr/> <p>Candidate Name OH Sen. Cliff Hite</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <hr/> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 10020622</p> <p><b>Date of Disbursement</b>  <div> <div>05</div> <div>16</div> <div>2011</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>500.00</div> </p> <hr/> <p>Cliff Hite, STATE SENATE 1st OH</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Obhof</p> <hr/> <p>Mailing Address Nicole Obhof, Treasurer 5206 Crown Pointe Drive</p> <hr/> <p>City Medina State OH Zip Code 44256</p> <hr/> <p>Purpose of Disbursement Larry Obhof, STATE SENATE 22nd OH</p> <hr/> <p>Candidate Name OH Sen. Larry Obhof</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <hr/> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 10022312</p> <p><b>Date of Disbursement</b>  <div> <div>05</div> <div>16</div> <div>2011</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>500.00</div> </p> <hr/> <p>Larry Obhof, STATE SENATE 22nd OH</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)  
Committee for Jim Hughes

Mailing Address Brad Sinnott, Treasurer  
14 E. Gay Street, 2nd Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
James Hughes, STATE SENATE 16th OH

Candidate Name  
James Hughes

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 10024441

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

James Hughes, STATE SENATE  
16th OH

**B.**

Full Name (Last, First, Middle Initial)  
Citizens for Sears

Mailing Address Kevin Gilmore, Treasurer  
6711 Monroe Street, Building 3, Su

City Sylvania State OH Zip Code 43560

Purpose of Disbursement  
Barbara Sears, STATE HOUSE 46th OH

Candidate Name  
OH Rep. Barbara Sears

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 46

Transaction ID: 10024454

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

300.00

Barbara Sears, STATE HOUSE  
46th OH

**C.**

Full Name (Last, First, Middle Initial)  
Friends of FitzGerald

Mailing Address William J. Barrett, Treasurer  
1836 West 25th Street

City Cleveland State OH Zip Code 44113

Purpose of Disbursement  
Ed FitzGerald, LOCAL OH

Candidate Name  
Ed FitzGerald

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 10033177

Date of Disbursement

05 / 17 / 2011

Amount of Each Disbursement this Period

1000.00

Ed FitzGerald, LOCAL OH

**SUBTOTAL** of Disbursements This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

Full Name (Last, First, Middle Initial)  
Hancock for Denver

MM / DD / YYYY

500.00

, LOCAL CO

Full Name (Last, First, Middle Initial)  
Ralph Becker for Mayor

MM / DD / YYYY

750.00

Ralph Becker, LOCAL UT

Full Name (Last, First, Middle Initial)  
Idaho Bankers Association-PAC

05 / 18 / 2011

1800.00

**3050.00**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Wagoner</p> <p>Mailing Address Mark Wagoner, Sr., Treasurer 7445 Airport Highway</p> <p>City Holland State OH Zip Code 43528</p> <p>Purpose of Disbursement Mark Wagoner, STATE SENATE 2nd OH</p> <p>Candidate Name OH Rep. Mark Wagoner, Jr.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 10048637</p> <p>Date of Disbursement 05 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>Mark Wagoner, STATE SENATE 2nd OH</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Shirley Smith</p> <p>Mailing Address Karen Evans, Treasurer 13901 Woodworth Road</p> <p>City Cleveland State OH Zip Code 44112</p> <p>Purpose of Disbursement Shirley Smith, STATE SENATE 21st OH</p> <p>Candidate Name OH Sen. Shirley A. Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 10048642</p> <p>Date of Disbursement 05 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Shirley Smith, STATE SENA-TE 21st OH</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) LaRose for Senate</p> <p>Mailing Address Michael George, Treasurer 3800 Rosemont Boulevard, 109-C</p> <p>City Akron State OH Zip Code 44333</p> <p>Purpose of Disbursement Frank LaRose, STATE SENATE 27th OH</p> <p>Candidate Name OH Sen. Frank LaRose</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 10049143</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>Frank LaRose, STATE SENATE 27th OH</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Armond Budish	<b>Transaction ID:</b> 10049144 <b>Date of Disbursement</b>
Mailing Address Harvey Wershbaile, Treasurer 23240 Chagrin Boulevard, Suite 450	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
City Beachwood State OH Zip Code 44122	Amount of Each Disbursement this Period
Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH	<input type="text" value="500.00"/>
Candidate Name Mr. Armond Budish	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: 08 Other (specify) ▼	Armond Budish, STATE HOUSE 8th OH
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Pete Beck	<b>Transaction ID:</b> 9997747 <b>Date of Disbursement</b>
Mailing Address Donovan Donohoo, Treasurer 7234 Abilene Trail	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
City Mason State OH Zip Code 45040	Amount of Each Disbursement this Period
Purpose of Disbursement Peter Beck, STATE HOUSE 67th OH	<input type="text" value="500.00"/>
Candidate Name OH Rep. Peter Beck	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: 67 Other (specify) ▼	Peter Beck, STATE HOUSE 67th OH
<b>C.</b> Full Name (Last, First, Middle Initial) Seitz for Senate Committee	<b>Transaction ID:</b> 9998631 <b>Date of Disbursement</b>
Mailing Address Steve Geiler, Treasurer 4401 Abby Court	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
City Cincinnati State OH Zip Code 45248	Amount of Each Disbursement this Period
Purpose of Disbursement William Seitz, STATE SENATE 8th OH	<input type="text" value="500.00"/>
Candidate Name Representa William Seitz	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: Other (specify) ▼	William Seitz, STATE SENA- TE 8th OH

**SUBTOTAL** of Disbursements This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

**9350.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)

Capito for Congress

Mailing Address P.O. Box 11519

City  
Charleston

State  
WV

Zip Code  
25339

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Shelley Capito

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 02

**Transaction ID:** 10038275

Date of Disbursement

05 / 18 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of John Boehner

Mailing Address Mary Dotter-Clancy, Treasurer  
7908 Cincinnati Dayton Road, Suite

City  
West Chester

State  
OH

Zip Code  
45069

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
John Boehner

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

**Transaction ID:** 10048608

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Marcia L. Fudge for Congress

Mailing Address 23811 Chagrin Boulevard, Suite LL5

City  
Beachwood

State  
OH

Zip Code  
44122

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Marcia Fudge

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

**Transaction ID:** 10052912

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

725.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

**A.** Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement

Candidate Name  
Rep. Debbie Wasserman-Schultz

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 20

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 9993219

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Tim Ryan for Congress

Mailing Address 1600 Roosevelt Avenue, Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement

Candidate Name  
Rep. Timothy Ryan

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 17

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 9997749

Date of Disbursement

05 / 05 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

8725.00